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The Commonwealth of Massachusetts

(For Office Use Only)

ELECTED CITY, WARD AND TOWN POLITICAL COMMITTEE REPORT

حرت >								
NAME OF CI	TY/TOWN:	Springt	ield		WARD (if applicable):	_ 4	Mark Control	<u> </u>
PARTY:		Republi	, Can		DATE OF REPORT:	Apr.	114,	20/4
INDICATE TH	HE PURPOSE O	F THIS REPORT I	Y CHECKING T	HE APPROPRIA	ATE BOX BELOW:		1134. P	
STATE:	MENT OF ORG	ANIZATION	CHANGE C	F OFFICER(S)	<u></u> М	IEMBERSHI	P UPDATE	
Submit this rep other three offi	ort to the four o	fices listed below.	File the original w	ith the Office of	Campaign and Politica	ıl Finance, an	d file copies of	this report with the
One As Boston, (617) 9'	hburton Place, R MA 02108 79-8300 / (800)	Political Finance toom 411 462-OCPF (toll fre http://www.mass.go		2.	Secretary of the Com Elections Division One Ashburton Place Boston, MA 02108 (617) 727-2828 / (800 elections@sec.state.m	, Room 1705 0) 462-VOTE	(toll free in M	A)
3. State Pa	arty Committee	Headquarters		4.	City / Town Clerk or	Election Con	nmission	
City Ward Comm	ittee secretaries m	ust also file a list of o	Neers and members	with the chairman	of the city committee of th	e political part	y which it represe	ents (Ch. 52, Sec. 5).
PLEASE PRIN	TOR TYPE BI	ELOW THE NAME	, RESIDENTIAL	ADDRESS ANI	ZIP CODE OF THE	OFFICERS	OF THIS CO	MMITTEE:
Chairperson:	Ellen Wo Name	nde 4961 Street A	<u>-eene St,</u> ddress	r	ngfield MA Ol iy/State/Zip	109 ne	149026 POL	Telephone #
Secretary:	DavidGa	by 1105 M	brthingtox	St. Spri	ngtield MA	dags		6,0004 6,000
	Name	Street A	ddress	Ci	ty/State/Zip	O	e-Mall	Telephone #
Treasurer:	STEVE /	10RIN 314	ST JAMES	AVE S	DELD MA O	1109		
	Name	Street A	ddress	Cl	ty/State/Zip		e-Mail	Telephone #
Secretary's hereby accept t	signature he office of Treat rampaign finance puired to be filed	asurer of this commerceports. I am also	ttee. I understand aware that an apportance of the compaign and Politics.	Date: that I am subject pinted public emp tical Finance as p	to certain duties and liployee may not serve as provided in M.G.L. c. 5	abilities under streasurer of s	rMGI a 55	including the
Treasurer's	signature	/1/10m	<u></u>	Date: _	APRIL 14 TU 201	7		
IST OTHER O	FFICER'S NAM	ES, TITLES, RESI	DENTIAL ADDR	ESSES AND ZIF	CODES BELOW:	-		
								

NAME OF CITY/TOWN/WARD: Springfield Ward 4
PLEASE PRINT OR TYPE OTHER OFFICER'S NAMES, TITLES, RESIDENTIAL ADDRESSES AND ZIP CODES BELOW:
Ellen Wade, Chairperson, 49 Greene St. Springfield, MA 01169 Steve Morin, Treasurer, 314 St. James Ave., Springfield 01109 David P. Gaby, Secretary, 1105 Worthington St., Springfield 01109 Therese Palazzi-Sarnelli, Member, 151 Bowdoin St., Springfield 01109
Steve Morin, Treasurer, 314 St. James Ave., Springfield 01/09
David P. Gaby, Secretary 1105 Worthington St., Springfield 01109
Therese Pavazzi-Sarnelli Member 151 Bowdoin St. Springfield 01109
Therese Talazzi Oshi II.
· ·
ASSOCIATE MEMBERS: